

## THE COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF PUBLIC SAFETY STATE ATHLETIC COMMISSION

PLEASE SUBMIT APPLICATION TO: 50 MAPLE STREET . MILFORD, MASSACHUSETTS 01757

## APPLICATION FOR RINGSIDE PHYSICIAN'S LICENSE

(ALL EVENTS)

(Please Type or Print Legibly)
(Illegible or incomplete applications will not be accepted)

	<u> </u>	INFORMATION	<u>-</u>		
NAME First	Middle Initial		Last		
ADDRESS					
Street		City		State	Zip
DAYTIME TELEPHONE # (	)	_ SOCIAL SECU	RITY #		
DATE OF BIRTH//	PLACE OF	BIRTH			
E-MAIL ADDRESS		OCCUPATION	ON		
EMPLOYER'S NAME					
EMPLOYER'S ADDRESS					
Stre		City		Zip	
EMPLOYER'S TELEPHONE #	()				
HAVE YOU EVER BEEN LICEN	SED AS A RINGSII	DE PHYSICIAN I	N ANOTHE	R STATE?	
IF YES, WHICH STATES?					



	THE	FOLLOWIN	IG ITEMS I	MUST ACC	OMPANY THIS	APPLICAT	<u> TION</u>		
					compliance)				
	\$50 application for two 1 inch by 1 in copy of a governa copy of the applic copy of the applic	nch photograp ment issued ph cant's physicia	noto identific n's license		(without headwea	ar)			
\Ple		_	-		e <u>AND</u> your abili ase indicate wha	~			
	Arabic	Chinese Russian	French	German	Italian	Korean	Polish		
	Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other			
ATTESTATION  I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.  Signature of applicant  Date									
AF	ATE OF COMM PPROVED ATE LICENSE 1	_ DENIED	VIEW:		USE ONLY				

